

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT CITY NURSING AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2940 N CLINTON ST FORT WAYNE, IN 46805</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 11/07/12</p> <p>Facility Number: 000079 Provider Number: 155159 AIM Number: 100266160</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Quality Assurance Walk-thru survey, Summit City Nursing and Rehabilitation was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This two story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors with battery operated smoke detectors in the resident rooms. The facility has a capacity of 88 and had a census of 66 at the time of this visit.</p> <p>The facility was in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except one detached shed used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/12.</p>	K 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

RVX021

If continuation sheet 1 of 1